

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000006748

1. Entity Name
LANSING ISLAND REALTY, INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90181 043 ***150.00

Principal Place of Business
50 LANSING ISLAND DR.
INDIAN HARBOR BEACH FL 32937

Mailing Address
701 TRADEWINDS DR
INDIAN HARBOR BEACH FL 32937
US

2. Principal Place of Business
1227 S. Patrick Dr
Suite, Apt. #, etc.
Suite 101
City & State
Satellite Beach, Fl.

3. Mailing Address
Same
Suite, Apt. #, etc.
City & State



DO NOT WRITE IN THIS SPACE

Zip
32937
Country
Brevard

Zip
Country

4. FEI Number 59-3223291

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCWILLIAMS, JOAN
701 TRADEWINDS DR
INDIAN HARBOR BEACH FL 32937

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Joan McWilliams*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-16-01
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MCWILLIAMS, JOAN 701 TRADEWINDS DR INDIAN HARBOR BEACH FL 32937	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joan McWilliams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-01 (321) 279-1990
Date Daytime Phone #

CR2E034 (10/00)